

SERFF Tracking Number:	ARKS-125675952	State:	Arkansas
Filing Company:	18325 - Southern Farm Bureau Casualty Insurance Company	State Tracking Number:	#512395 \$50
Company Tracking Number:			
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	n/a		
Project Name/Number:	/		

Filing at a Glance

Company: 18325 - Southern Farm Bureau Casualty Insurance Company

Product Name: n/a	SERFF Tr Num: ARKS-125675952	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: #512395 \$50
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num:	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
	Author:	Disposition Date: 06/03/2008
	Date Submitted: 06/02/2008	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/03/2008	
State Status Changed: 06/03/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Company and Contact

Filing Contact Information

NA NA,	NA@NA.com
NA	(123) 555-4567 [Phone]

<i>SERFF Tracking Number:</i>	<i>ARKS-125675952</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>18325 - Southern Farm Bureau Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>#512395 \$50</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

NA, AR 00000

Filing Company Information

18325 - Southern Farm Bureau Casualty Insurance Company	CoCode: 18325	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

<i>SERFF Tracking Number:</i>	<i>ARKS-125675952</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>18325 - Southern Farm Bureau Casualty</i>	<i>State Tracking Number:</i>	<i>#512395 \$50</i>
	<i>Insurance Company</i>		
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	06/03/2008	06/03/2008

SERFF Tracking Number: *ARKS-125675952*

State: *Arkansas*

Filing Company: *18325 - Southern Farm Bureau Casualty*

State Tracking Number: *#512395 \$50*

Insurance Company

Company Tracking Number:

TOI: *19.0 Personal Auto*

Sub-TOI: *19.0001 Private Passenger Auto (PPA)*

Product Name: *n/a*

Project Name/Number: */*

Disposition

Disposition Date: 06/03/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ARKS-125675952</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>18325 - Southern Farm Bureau Casualty</i>	<i>State Tracking Number:</i>	<i>#512395 \$50</i>
	<i>Insurance Company</i>		
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125675952		Yes

SERFF Tracking Number: *ARKS-125675952*

State: *Arkansas*

Filing Company: *18325 - Southern Farm Bureau Casualty*
Insurance Company

State Tracking Number: *#512395 \$50*

Company Tracking Number:

TOI: *19.0 Personal Auto*

Sub-TOI: *19.0001 Private Passenger Auto (PPA)*

Product Name: *n/a*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125675952

State: Arkansas

Filing Company: 18325 - Southern Farm Bureau Casualty

State Tracking Number: #512395 \$50

Insurance Company

Company Tracking Number:

TOI: 19.0 Personal Auto

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Product Name: n/a

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125675952

06/03/2008

Comments:

Attachment:

ARKS-125675952.pdf

Property & Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance
Dept. Use Only**

Approved until withdrawn
or revoked

JUN 02 2008

Arkansas Insurance Department

By:

2. Insurance Department Use Only

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

RECEIVED

JUN 02 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Southern Farm Bureau Casualty Ins. Co.	Jackson, MS	18325	640288243		

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Bill Williams 10720 Kanis Road, Little Rock, AR 72211	Underwriting Manager	501-228-1463	501-228-1800	Bill.Williams@afbic.com
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto (PPA)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 07/01/2008 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	05/30/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

As part of a project to program our "auto.net" system, we have created a new form to confirm changes requested by policyholders. This form has the capability to be printed for the customer, emailed to the customer, and directly imaged into the insured's file.

The system is due to be moved to production; therefore, we hope to use this Confirmation Memo effective July 1, 2008.

A sample of this form is included with this filing in triplicate for your convenience.

View Complete Filing Description

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 0000512395

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Auto Policy Confirmation Memo	MV1033 July 1, 2008	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



Southern Farm Bureau Casualty Insurance Company

Confirmation Memo

Printed: 5/27/2008

Dear Policyholder:

In accordance with your recent instructions, the transaction(s) outlined below are being made to your insurance coverage. If you have any questions about the transaction(s) or corrections to be made, please contact your agent. Thank you.

Policy Change Summary

Policy Number:	Agent:
First Insured:	County:
Effective Date:	Member Number:
Expiration Date:	Dec Effective Date:

Vehicle(s) Change Summary

No Changes

Name(s) Change Summary

No Changes

Other Interested Parties Change Summary

No Changes

Policy Adjustments Change Summary

No Changes



Southern Farm Bureau Casualty Insurance Company

Confirmation Memo

Printed: 5/27/2008

Policy Change Summary

Policy Number:

First Insured:

Effective Date:

Expiration Date:

Agent:

County:

Member Number:

Dec Effective Date:

I certify that all statements above are true and correct. I understand that any false statements or misrepresentations may void the policy.

Applicant's Signature _____ Date _____ Hour _____

Agent's Signature _____ Date _____

Your agent's name, address and phone number:

Prepared by: